

**NON-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

Serial No.

FILING DATE

Applicant(s)

Corrected

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
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41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.	1		1			
TOTAL DEP.	285	←	36	←	57	←
TOTAL CLAIMS	285	←	36	←	57	←

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	0				
52	1	1				
53	1	1				
54	1	1				
55	1	1				
56	1	1				
57	1	1				
58	1	1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY